



WILLIAMSON COUNTY SHERIFF'S OFFICE

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Accident - Open Records Request Form

For: Copy of accident reports that fall under the Open Records Act. This form is to be filled out by the person requesting the records. It must be filled out completely.

If the accident occurred inside of any city's limits, contact that city's police department.

Date requested: _____

Your Name: _____

Your Address: _____

Phone Number: _____ Fax: _____

Email: _____

Case number of accident: _____

(If it is a Williamson County Accident Report the case # will look like the following example: 2021-01-1234).

Date of accident: _____ Time: _____

Location of accident: _____

Name(s) of Driver(s) involved in accident: _____

Vehicle(s) description(s): _____

(2 options must be provided for release)

The following fees will apply to these services: Accident Reports are \$6.00 each

Please read and sign if you are requesting a copy of an accident report:

S.B. 1069 Chapter 731 prohibits the publication of personal information from motor vehicle records on the Internet. You must sign this agreement that you will not disseminate or publish or allow another to disseminate or publish the personal information from an accident report on the internet.

Signature (required):

I acknowledge that I have received the above requested record(s)

Signature (required):

For office use only: Receipt #: _____

Cash: _____ Check #: _____ Credit Card: _____

Date: _____ Completed by Initials: _____